



APPENDIX F

Forms

OFFICE OF FINANCIAL MANAGEMENT

CAPITAL PROJECT REQUEST REPORT SUMMARY		FORM C-2 (Rev. 6/01)
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AGENCY NAME					AGENCY CODE	
PROJECT TITLE					PROJECT NUMBER	
TYPE						
PLAN PRIORITY	OFM PRIORITY	PREVIOUSLY REQUESTED	COUNTY	CITY	LEGISLATIVE DIST.	
WAS PROJECT INCLUDED IN PRIOR 10 YEARS?		IF YES, WHEN?		PREV. PROJECT #		

PROJECT DESCRIPTION	Project Mgmt by GA?
a. Problem/Justification/Why is this project needed?	
b. Proposed Solution/Benefit to public service, strategic goals?	Complies w/GMA?
c. Predesign Issues	
RELATED COSTS Operating budget costs/savings required for this project including staff and cost of maintenance	FTE; / \$ per fiscal year

PROJECT STATISTICS							
PROJECT LIFE	Net Project Size (sq. ft.)			Gross Project Size (sq. ft.)			Cost Per Gross Square Foot
	New		Remodel	New		Remode	New
Building Type:				PROJECT SCHEDULE (20)			ADJUSTED CAPITAL COST
Project Phases	BASE COST (7/02)			START	COMPLETE	%	COST
ACQUISITION COSTS							
DESIGN CONSULTANT SERVICES							
CONSTRUCTION CONTRACT COSTS:							
MACC							
___% Contingency							
___% TAX							
CONSTRUCTION SUBTOTAL							
EQUIPMENT (include tax)							
ARTWORK							
OTHER COSTS							
CONTRACT ADMINISTRATION							
TOTAL COST							

ANALYSIS DATE:		ABBREVIATIONS Assignable Sq Feet (ASF) Full-Time Equivalent Student (FTE) Weekly Student Hours (WSH) = student hours per week in room Room Utilization Rate (RUR) = hours per week room is scheduled for use Number of Stations (N) = desks or lab stations Station Occupancy Ratio (SOR) = percent of stations used during scheduled use				
PREPARED BY:						
PHONE NUMBER:						

A. ROOM TYPES	ASF	N	FTE	WSH	RUR	SOR
Classroom						
Dry Lab						
Wet Lab						
Computer Lab						
Faculty Office		n/a	n/a	n/a		n/a
Student Assembly		n/a	n/a	n/a		n/a
Non-Assignable Rooms		n/a	n/a	n/a	n/a	n/a

B. OPERATING AND MAINTENANCE COSTS	\$/YEAR
Utilities	
Custodial	
Maintenance	
Security	
Landscaping and Ground Maintenance	
Liability and Hazard Insurance	
Tenant Improvements	
Capital Maintenance	
Management Fees	
Furniture	
Moving Expenses	
Telephone	
Data Processing	
Other Equipment	
Total O&M Cost	\$0

OPERATING IMPACT							
	Est. Total	2001-03	2003-05	2005-07	2007-09	2009-11	20011-13
Annual Average FTEs (#)	\$						
General Fund-State	\$						
Total Funds	\$						

PROJECT FUNDING							
FUND CODE(S)		ESTIMATED TOTAL COST		TOTAL EXPENDITURES		2003-05 FISCAL PERIOD	
				Prior Biennium	Current Biennium	Reappropriation	New Appropriation
				\$	\$	\$	\$
				FUTURE FISCAL PERIODS			
				2005-07	2007-09	2009-11	2011-13
				\$	\$	\$	\$

STATE OF WASHINGTON
AGENCY/INSTITUTION PROJECT COST ESTIMATE

FORM
C100
June 6, 2001

AGENCY: _____
PROJECT NAME: _____
PROJECT NUMBER: _____
LOCATION: _____

Analysis Date: _____
Analysis By: _____
Contact Phone #: _____

STATISTICS:	Primary	Secondary
Gross Square Feet	0	0
Net Square Feet	0	0
Efficiency	0%	0%
Estimated Cost per S.F.	0	0
Building Type:	▼	▼
Is project a remodel?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
A/E Fee Class		
A/E Fee Percentage:	0.00%	0.00%

Project Schedule	
1. Start Predesign:	
2. Start Design:	
3. Start Construction:	
4. End Construction:	
5. Construction Duration (months):	0
State Inflation Rate:	3.37%
Base Month:	Jul-2000

Project Cost Summary	
Primary MACC (escalated):	\$0
Secondary MACC (escalated):	\$0
Current Project Total:	\$0
Escalated Project Total:	\$0

Includes Formula Overrides:	No
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Contingency Rate:	
Management Reserve:	
Tax Rate:	
Art Requirement Applies:	<input type="checkbox"/> Yes
Project Admin by GA:	<input type="checkbox"/> Yes
Higher Ed. Institution:	<input type="checkbox"/> Yes
Alternative Public Works Project:	<input type="checkbox"/> Yes

ITEM	BASE MONTH AMOUNT	FORMULA OVERRIDE	STANDARD FORMULA	ESCALATION FACTOR	ESCALATED COST
A. ACQUISITION COSTS					
1 Purchase/Lease Cost	\$0				
2 Appraisal and Closing Costs	\$0				
3 Right-of-Way Costs	\$0				
4 Offsite Mitigation	\$0				
5	\$0				
INSERT <--Click Here to Insert a Row					
Total: Acquisition Costs	\$0			0.0000	\$0
B. CONSULTANT SERVICES					
1 Pre-Schematic Design Services					
a. Programming/Site Analysis	\$0				
b. Environmental Analysis (EIS)	\$0				
c.	\$0				
INSERT <--Click Here to Insert a Row					
SubTotal: Pre-Schematic Design Services	\$0			0.0000	\$0
2 Construction Documents					
A/E Basic Design Services - Up to Bidding (73%)	\$0	\$0	\$0		
A/E Basic Design Services - Secondary (73%)	\$0	\$0	\$0		
SubTotal: Construction Documents	\$0			0.0000	\$0
3 Extra Services					
a. Civil Design (Above Basic Services)	\$0				
b. Geotechnical Investigation	\$0				
c. Commissioning	\$0				
d. Site Survey	\$0				
e. Testing	\$0				
f. Energy Conservation Report	\$0				
g. Voice/Data Consultant	\$0				
h. VE Participation & Implementation	\$0				
i. Constructability Review Participation	\$0				
j. Environmental Mitigation Services	\$0				
k. Landscape Consultant	\$0				
l.	\$0				
INSERT <--Click Here to Insert a Row					
SubTotal: Extra Services	\$0			0.0000	\$0
4 Other Services					
a. Bid/Construction/Closeout - 27% of basic services	\$0	\$0	\$0		
b. Bid/Construction/Closeout - Secondary	\$0	\$0	\$0		
c. HVAC Balancing	\$0				
d. Commissioning and Training	\$0				
e.					
INSERT <--Click Here to Insert a Row					
SubTotal: Other Services	\$0			0.0000	\$0

ITEM		BASE MONTH AMOUNT	FORMULA OVERRIDE	STANDARD FORMULA	ESCALATION FACTOR	ESCALATED COST
5	Design Services Contingency	0.00%	\$0	\$0	\$0	
a.			\$0			
INSERT	<--Click Here to Insert a Row					
	SubTotal: Design Services Contingency		\$0		0.0000	\$0
Total: Consultant Services			\$0			\$0
C. CONSTRUCTION CONTRACTS						
1	Site Work					
a.	G10 - Site Preparation		\$0			
b.	G20 - Site Improvements		\$0			
c.	G30 - Site Mechanical Utilities		\$0			
d.	G40 - Site Electrical Utilities		\$0			
e.	G60 - Other Site Construction		\$0			
f.			\$0			
INSERT	<--Click Here to Insert a Row					
	SubTotal: Site Work		\$0		0.0000	\$0
2	Related Project Costs					
a.	Off site improvements		\$0			
b.	City Utilities Relocation		\$0			
c.	Parking Mitigation		\$0			
d.	Stormwater Retention/Detention		\$0			
e.	Wetland Mitigation		\$0			
f.			\$0			
INSERT	<--Click Here to Insert a Row					
	SubTotal: Related Project Costs		\$0		0.0000	\$0
3A	Facility Construction - Primary					
a.	A10 - Foundations		\$0			
b.	A20 - Basement Construction		\$0			
c.	B10 - Superstructure		\$0			
d.	B20 - Exterior Closure		\$0			
e.	B30 - Roofing		\$0			
f.	C10 - Interior Construction		\$0			
g.	C20 - Stairs		\$0			
h.	C30 - Interior Finishes		\$0			
i.	D10 - Conveying		\$0			
j.	D20 - Plumbing Systems		\$0			
k.	D30 - HVAC Systems		\$0			
l.	D40 - Fire Protection Systems		\$0			
m.	D50 - Electrical Systems		\$0			
n..	F10 - Special Construction		\$0			
o..	F20 - Selective Demolition		\$0			
p.	General Conditions		\$0			
q.			\$0			
INSERT	<--Click Here to Insert a Row					
	SubTotal: Facility Construction - Primary		\$0		0.0000	\$0
Maximum Allowable Construction Cost (MACC) - Primary			\$0			\$0
3B	Facility Construction -Secondary (By Building System)					
a.	A10 - Foundations		\$0			
b.	A20 - Basement Construction		\$0			
c.	B10 - Superstructure		\$0			
d.	B20 - Exterior Closure		\$0			
e.	B30 - Roofing		\$0			
f.	C10 - Interior Construction		\$0			
g.	C20 - Stairs		\$0			
h.	C30 - Interior Finishes		\$0			
i.	D10 - Conveying		\$0			
j.	D20 - Plumbing Systems		\$0			
k.	D30 - HVAC Systems		\$0			
l.	D40 - Fire Protection Systems		\$0			
m.	D50 - Electrical Systems		\$0			
n..	F10 - Special Construction		\$0			
o..	F20 - Selective Demolition		\$0			
p.	General Conditions		\$0			
q.			\$0			
INSERT	<--Click Here to Insert a Row					
	SubTotal: Facility Construction -Secondary (By Building System)		\$0		0.0000	\$0

ITEM		BASE MONTH AMOUNT	FORMULA OVERRIDE	STANDARD FORMULA	ESCALATION FACTOR	ESCALATED COST
Maximum Allowable Construction Cost (MACC) - Secondary		\$0				\$0
4	GC/CM Risk Contingency	\$0				
a.		\$0				
INSERT	<--Click Here to Insert a Row					
SubTotal: GC/CM Risk Contingency		\$0			0.0000	\$0
5	GC/CM or Design Build Costs					
a.	Preconstruction Services	\$0				
b.	Fee	\$0				
c.	Bid General Conditions	\$0				
d.		\$0				
INSERT	<--Click Here to Insert a Row					
SubTotal: GC/CM or Design Build Costs		\$0			0.0000	\$0
6	Construction Contingencies					
a.	Management Reserve	\$0	\$0	\$0		
b.	Allowance for Change Orders	\$0	\$0	\$0		
c.		\$0				
INSERT	<--Click Here to Insert a Row					
SubTotal: Construction Contingencies		\$0			0.0000	\$0
7	Sales Tax	0.00%	\$0	\$0		
a.		\$0	\$0			
INSERT	<--Click Here to Insert a Row					
SubTotal: Sales Tax		\$0			0.0000	\$0
Total: Construction Contracts		\$0				\$0
D.	EQUIPMENT					
1	E10 - Equipment	\$0				
2	E20 - Furnishings	\$0				
3	F10 - Special Construction	\$0				
4		\$0				
INSERT	<--Click Here to Insert a Row					
SubTotal: Equipment		\$0				
99	Sales Tax	0.00%	\$0	\$0		
100		\$0				
INSERT	<--Click Here to Insert a Row					
SubTotal: Sales Tax		\$0				
Total: Equipment		\$0			0.0000	\$0
E.	ARTWORK					
1	Project Artwork	N/A	\$0	N/A		
2	Higher Ed Artwork	N/A	\$0	N/A		
3		\$0				
INSERT	<--Click Here to Insert a Row					
Total: Artwork		\$0			0.0000	\$0
F.	OTHER COSTS					
1	Mitigation Costs	\$0				
2	Hazardous Material Remediation/Removal	\$0				
3		\$0				
INSERT	<--Click Here to Insert a Row					
Total: Other Costs		\$0			0.0000	\$0
G.	PROJECT MANAGEMENT					
1	Agency Project Management	\$0	\$0	\$0		
2		\$0				
INSERT	<--Click Here to Insert a Row					
Total: Project Management		\$0			0.0000	\$0
GRAND TOTAL		\$0				\$0
NOTES						

STATE OF WASHINGTON
BENEFIT & LIFE CYCLE COST ANALYSIS SUMMARY

FORM
C-3
 (Rev 6-01)

AGENCY: _____	ANALYSIS TYPE: LCC
PROJECT: _____	ANALYSIS DATE: _____
LOCATION: _____	ANALYSIS BY: _____
Economic Life: _____ Yrs Discount Rate: _____	FILE NAME: _____

Description	Alternate No. 1		Alternate No. 2		Alternate No. 3	
	Estimated Cost	Present Worth	Estimated Cost	Present Worth	Estimated Cost	Present Worth
1. Initial Costs						
A. _____	_____	_____	_____	_____	_____	_____
B. _____	_____	_____	_____	_____	_____	_____
C. _____	_____	_____	_____	_____	_____	_____
D. _____	_____	_____	_____	_____	_____	_____
E. _____	_____	_____	_____	_____	_____	_____
F. _____	_____	_____	_____	_____	_____	_____
G. _____	_____	_____	_____	_____	_____	_____
Total Initial Cost (PW)						
Total Initial Cost Savings						
2. Replacement/Salvage Costs						
Year PW						
A. _____	_____	_____	_____	_____	_____	_____
B. _____	_____	_____	_____	_____	_____	_____
C. _____	_____	_____	_____	_____	_____	_____
D. _____	_____	_____	_____	_____	_____	_____
E. _____	_____	_____	_____	_____	_____	_____
F. _____	_____	_____	_____	_____	_____	_____
G. _____	_____	_____	_____	_____	_____	_____
H. _____	_____	_____	_____	_____	_____	_____
Total Replacement/Savings(PW)						
3. Annual Costs						
Dif. PWA Escal e						
A. _____	_____	_____	_____	_____	_____	_____
B. _____	_____	_____	_____	_____	_____	_____
C. _____	_____	_____	_____	_____	_____	_____
D. _____	_____	_____	_____	_____	_____	_____
E. _____	_____	_____	_____	_____	_____	_____
F. _____	_____	_____	_____	_____	_____	_____
G. _____	_____	_____	_____	_____	_____	_____
H. _____	_____	_____	_____	_____	_____	_____
Total Annual Cost						
Total Annual Cost (PW)						
Grand Total PW Costs						
Life Cycle PW Savings						
Savings %						